

QA State Interpreter Certification Program

Family Independence Agency

Division on Deafness

Michigan Deaf Association
Michigan Registry of Interpreters for the Deaf

Fee Schedule: \$50.00 for M.I.R.I.D. Members \$70.00 for Non-M.I.R.I.D. members

AUTHORITY: P.A. 203 OF 1982 COMPLETION: Mandatory PENALTY: Non-Participation in Program	FOR OFFICE USE ONLY		
	DATE RECEIVED	DATE SCHEDULED	AMOUNT PAID
	LEVEL ACHIEVED		CHECK NO.
Instructions: Please complete the following information as accurately as possible. Type or print. Enclose the application fee as required. Make check payable to MIRID. Send check and application to: MIRID/QA; P.O. Box 12083; Lansing, MI 48901-2083			
NAME		E-MAIL ADDRESS	
ADDRESS (Street No. and name)		SOCIAL SECURITY NO.	
CITY, STATE ZIP CODE		COMMUNICATION MODE PREDOMINANTLY USED <input type="checkbox"/> ASL <input type="checkbox"/> SEE I,II <input type="checkbox"/> PSE <input type="checkbox"/> OTHER SPECIFY	
HOME PHONE (include area code)	BUSINESS PHONE (include area code)	DO YOU SIGN ON A REGULAR BASIS? WHERE?	
CHECK SITUATIONS WHERE YOU HAVE INTERPRETED IN THE LAST THREE YEARS. <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> LEGAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> PLATFORM <input type="checkbox"/> DEAF/BLIND <input type="checkbox"/> MLS <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> SOCIAL <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> INFORMAL <input type="checkbox"/> OTHER SPECIFY:			
MEMBERSHIP	<input type="checkbox"/> MICHIGAN REGISTRY OF INTEPRETERS FOR THE DEAF (MIRID) <input type="checkbox"/> NATIONAL REGISTRY OF INTERPRETERS FOR THE DEAF (RID) <input type="checkbox"/> MICHIGAN DEAF ASSOCIATION (MDA)		
RID CODE OF ETHICS	ARE YOU FAMILIAR WITH THE CODE OF ETHICS AND GUIDELINES AS ESTABLISHED BY RID? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU COMPLETED AN INTERPRETER TRAINING PROGRAM? IF YES, GIVE PROGRAM AND GRADUATE DATE. <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF PROGRAM		
	DATE OF GRADUATION		
ARE YOU CURRENTLY ENROLLED IN AN INTERPRETER TRAINING PROGRAM? IF YES, GIVE PROGRAM AND EXPECTED GRADUATION DATE. <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF PROGRAM		
	DATE OF GRADUATION		
IS THIS YOUR FIRST APPLICATION TO QA? IF NO, GIVE LAST TIME YOU TOOK QA AND LEVEL ACHIEVED. <input type="checkbox"/> YES <input type="checkbox"/> NO			
APPLICANT'S SIGNATURE			DATE